

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 2
Primary Registration District No. 4500 WASHINGTON TRLVD.
(No. 4500 WASHINGTON TRLVD.)

File No. 4284
Registered No. 1348
St. Ward

2. FULL NAME GABART GOERCKS

(a) Residence, No. 4500 WASHINGTON B. RD. 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 2 - 1868

7. AGE YEARS 68 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PACKER - STOCK CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WHOLESALE SUPPLY
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Copper Co., Mo (STATE OR COUNTRY)

FATHER 13. NAME GABART GOERCKS

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELIZABETH DELLBRINGGE

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT Dr. Olga Bergmann (ADDRESS) 4500 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE Feb. 1 1937

19. UNDERTAKER Mr. M. Schumacher (ADDRESS) 4834 Natural Bridge

20. FILED Jan 30 1937 J. J. Biedeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Jan 29, 1937

I last saw him alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
arteriosclerosis
Date of onset 1/28/37

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....
(Signed) H. F. Bergman, M. D.
(Address) 3720 Washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

